INSTRUCTIONS ILLINOIS MEDICAL ASSISTANCE PROGRAM PROVIDER ENROLLMENT APPLICATION

Enrollment in the Illinois Medical Assistance Program requires the completion of an application with an original signature of an individual or if a business entity, an authorized person. All providers are required to complete, sign and date a Provider Agreement. Enclose additional pages when more information is available than space allows or here which ever is appropriate.

<u>Providers are required by the U.S. Postal Service to use a 9 digit zip code for all addresses. Mail without the 9 digits may be returned by the U.S. Postal Service.</u>

Providers required to submit the Disclosure of Ownership and Control Interest Statement Form (HCFA 1513) for participation in the Federal Medicare Program, are required to submit a copy of the HCFA 1513 to the Illinois Department of Healthcare and Family Services.

<u>NOTE</u>: When a Change of Name occurs, a new enrollment application, agreement and attachments must be completed and submitted to the Department.

SECTION A: PROVIDER

- 1. Check appropriate box for type of enrollment.
- 2. PROVIDER TYPE: Enter applicable three (3) digit code from Attachment A
- 3. **PROVIDER NAME**: Individual Practitioners must enter name in last name, first name format. All other applicants must enter the complete business name.
- 4. PRIMARY OFFICE ADDRESS STREET: Provider must give a physical location, not a PO Box.
- 6. COUNTY: For Transportation providers this must reflect the county where vehicle(s) are located.
- 11. **E-MAIL ADDRESS**: Enter up to three (3) e-mail addresses.
- 14. ILLINOIS BUSINESS TAX NUMBER: Issued by the Illinois Department of Revenue.
- 15. LICENSE/CERTIFICATION/ENROLLMENT REQUIREMENTS: See Attachment B for specific provider requirements.
- 16. **DRUG ENFORCEMENT ACT NUMBER:** Enter the DEA number issued to the above identified address and any additional DEA numbers issued.
- 17. **NATIONAL PROVIDER IDENTIFICATION NUMBER**: Enter the National Provider Identification Number as issued by HCFA, if available
- 18. MEDICARE PART A NUMBER: Enclose documentation of Medicare Certification.
- 19. **ORGANIZATION TYPE**: Enter the one (1) digit number to indicate the type of ownership: (1) SOLE PROPRIETARY (2) PARTNERSHIP (3) CORPORATION.
- 20. **CONTROL OF FACILITY**: Enter the one (1) digit number to indicate the type of facility control: (1) STATE/COUNTY/CITY (2) RELIGIOUS/CHARITABLE (3) PROPRIETARY (4) OTHER.
- 21. FISCAL YEAR: Enter the end date of your Business Fiscal Year (MM/DD/YYYY).
- 22. **CLINICAL LABORATORY IMPROVEMENT ACT NUMBER**: Enter appropriate CLIA number documenting the approval to provide laboratory services.

SECTION B: SERVICE/SPECIALITY

- 23. CATEGORY OF SERVICE: Enter all applicable three (3) digit code(s) from Attachment C.
- 24. PROVIDER SPECIALTY: See Attachment D-1
- 25. PHYSICIAN UPIN NO.: Unique Physicians Identification Number.
- 26. **OMNIBUS BUDGET RECONCILIATION ACT (OBRA) QUALIFICATION**: (Physician only) OBRA '90 mandates that physicians being reimbursed for services to children under the age of 21 meet certain qualifications. Enter each three digit alpha code from Attachment D-2 which applies.
- 28. **PHARMACY LOCATION**: Enter the one (1) digit number which best describes the location of the pharmacy. (1) Hospital based (2) Long Term Care Based (3) Other.
- 33. NCDCP#: Enter seven (7) digit National Council Drug Prescription Program Number.
- 34. **TRANSPORTATION**(Only): Usual and Customary rates: TAXI: Enter usual and customary base, meter, or flag and mileage rate. Enclose a copy of documentation approving your municipality rate, if applicable.
- 37. LONG TERM CARE MEDICARE BED CAPACITY: Enter Number of Medicare eligible beds in facility.
- 38. LONG TERM CARE FISCAL MEDICARE FISCAL INTERMEDIARY: Enter Name of Medicare carrier.
- 39. LONG TERM CARE BUILDING ID CODE: Enter seven (7) digit code assigned by Department of Public Health.

SECTION C: FORMER PARTICIPATION

If you are not currently participating in the Illinois Medical Assistance Program, but have participated in the past, please complete this section. If not applicable, leave blank.

SECTION D: ADDITIONAL PARTICIPATION

If you are currently participating in the Illinois Medical Assistance Program as another provider type, please complete this section. If not applicable, leave blank.

- 42. PROVIDER TYPE: Enter the three (3) digit number to indicate other types of participation from Attachment A.
- 43. PROVIDER NUMBER: Enter the provider number associated with the type listed.
- 44. **PROVIDER NAME**: Enter the provider name as it appears on the Provider Information Sheet.

SECTION E: PAYEE INFORMATION

One or more payee section(s) must be completed.

Individual Practitioners are to complete a payee section for each address to which payments are to be sent. If payments are to be sent to more than two addresses, enclose a sheet of paper with payee information for each.

The enclosed Alternate Payee Form and Power of Attorney must be completed if the payee name is different than the provider name.

- 47. **DOING BUSINESS AS (D/B/A)**: If a Sole Proprietorship using a d/b/a name, enter the d/b/a/ name.
- 53. **TAXPAYER IDENTIFICATION NUMBER (TIN) TYPE CODE**: Enter the one (1) digit type code below which identifies the tax structure of the SSN/FEIN entered:

TYPE CODE

- 1 Federal Employer Identification Number (Corporation/Partnership)
- 2 Social Security Number (Individual)
- 3 Government Unit
- 54. MEDICARE PART B NUMBER: Enter the six (6) digit number assigned by your Medicare Part B Carrier.
- 55. **PHYSICIAN IDENTIFICATION NUMBER (PIN):** Enter the six (6) digit number assigned by your Medicare Part B Carrier, when using a Group Medicare Number in Section 47.
- 56. **DURABLE MEDICAL EQUIPMENT REGIONAL CARRIER (DMERC):** Enter ten (10) digit number assigned by DME Regional Carrier.

SECTION F - ENROLLMENT CERTIFICATION/SIGNATURE

This section **must** be completed in its entirety.

Questions regarding completion of the Provider Enrollment Application should be directed to the Provider Participation Unit, (217) 782-0538. Please mail the completed application, signed agreement, and all other required documentation to:

Illinois Department of Healthcare and Family Services
Provider Participation Unit
P.O. Box 19114
Springfield, Illinois 62794-9114

Additional information regarding Illinois Department of Healthcare and Family Services can be obtained at:

http://www.hfsilllinois.com/

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PROVIDER TYPE

Provider Type Code	Eligible Provider Type
010	Physician
011	Dentist
012	Optometrist
013	Podiatrist
014	Chiropractor
016	Nurse Practitioner
020	Registered Nurse
022	Physical Therapists
023	Occupational Therapists
024	Speech Therapists
025	Audiologists
030	General Hospital
031	Psychiatric Hospital
032	Rehabilitation Hospital
036	Mental Health Services Providers
039	Hospice
040	Federally Qualified Health Center (FQHC)
043	Encountered Rate Clinic (ERC)
044	Healthy Kids Clinic
046	Ambulatory Surgical Treatment Center (ASTC)
047	Local Education Agency (LEA)
048	Rural Health Clinic
050	Home Health Agency
052	County Health Department
054	Certified Hospital Organized Satellite Clinics (CHOSC)
055	Early Intervention
056	School Based Clinic
060	Pharmacy
061	Independent Laboratory
062	Opticians/Optical Company
063	Durable Medical Equipment/Supply
064	Imaging Centers
070	Transportation (Ambulance)
071	Transportation (Medicar)
072	Taxicab/Livery Companies
073	Other Transportation (non-registered)
074	Hospital based Transportation
075	Alcohol and Substance Abuse
080	Prepaid Health (HMO)
081	Case Management
083	Prepaid Health Plans
086*	Clinical Social Worker
087*	Psychologist
088*	Other Behavioral Health Providers

^{*} These provider types are enrolled with the Department for the purpose of collecting Medicaid Managed Care encounter data. The Department does not currently reimburse these provider types for services rendered to Medicaid participants.

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ATTACHMENT B

LICENSE/CERTIFICATION/ENROLLMENT REQUIREMENTS

MEDICAL LICENSE/PUBLIC HEALTH/ASSOCIATION CERTIFICATION NUMBER: Individual practitioners licensed by the Illinois Department of Professional Regulation are to enter their own professional license number. All other provider types are to enter their Public Health or applicable association certification number.

NOTE: All <u>OUT-OF-STATE</u> applicants must enclose a copy of a currently valid licensure/certification form including expiration date.

APPLICANTS LISTED BELOW MUST ENCLOSE THE DOCUMENTATION DESCRIBED WHEN THE APPLICATION IS SUBMITTED:

AMBULANCE: 1) Copy of certification issued by appropriate regulatory agency (i.e., for Illinois the regulatory agency is the Department of Public Health), and 2) enclose a copy of Medicare letter with approved Method of Payment. (OUT-OF- STATE Ambulance enclose ALS certification if applicable).

AMBULATORY SURGICAL TREATMENT CENTER: 1) Copy of license issued by appropriate regulatory agency (i.e., for Illinois the regulatory agency is the Department of Public Health), and 2) copy of Medicare Certification. An ASTC must submit a copy of CLIA Certification issued by HHS to enroll for laboratory services.

CERTIFIED REGISTERED NURSE ANESTHETISTS: 1) Copy of RN license, and 2) CRNA Certification.

HOME HEALTH AGENCY: 1) Copy of license, 2) copy of letter of Health and Human Services (HHS) certification with approved rate of reimbursement, and 3) copy of completed Disclosure of Ownership and Control Interest Statement Form (HCFA 1513).

HOSPICE: 1) Copy of license and Medicare Letter of Certification with Medicare approved rate of reimbursement, and 2) copy of completed Disclosure of Ownership and Control Interest Statement Form (HCFA 1513).

HOSPITAL: 1) Copy of license issued by State Licensing Board, 2) Copy of Medicare Letter of Certification and 3) copy of completed Disclosure of Ownership and Control Interest Statement Form (HCFA 1513).

IMAGING CENTERS: 1) Copy of Medicare certification as a portable x-ray provider, 2) Copy of completed Disclosure of Ownership and Control Interest Statement Form (HCFA 1513).

LABORATORY: 1) Copy of Clinical Laboratory Improvement Act (CLIA) certification, 2) Copy of completed Disclosure of Ownership and Control Interest Statement Form (HCFA 1513).

MIDWIFE: 1) Copy of RN license, 2) copy of letter of Certification by the College Nurse Midwife Association, and 3) copy of Delivery Privilege Form with delivering physician identified.

NURSE PRACTITIONER: 1) Copy of RN license, 2) copy of Certification from American Nurse Association or National Certification Board of Pediatrics, 3) copy of Medical Practice Agreement between Physician and Nurse Practitioner, 4) Copy of CLIA Certification if applicable, and 5) Copy of DEA certificate if applicable.

PHARMACY: 1) Copy of Pharmacy license, 2) Copy of Pharmacist-In-Charge license, 3) Copy of DEA certificate.

PHYSICIANS: 1) Copy of Physician license, 2) Copy of DEA certificate if applicable.

RURAL HEALTH: Copy of HHS letter of certification with rate of reimbursement.

TRANSPORTATION: Copy of Vehicle Identification Card for all vehicles approved to transport medical clients.

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PROVIDER TYPE/CATEGORY OF SERVICE TABLE

ATTACHMENT C

PROVIDER TYPE		ALLOWABLE CATEGORY OF SERVICE		
<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>	
010	Physicians	001 006 017 030 045	Physicians Services Physicians Psychiatric Services Anesthesia Services Healthy Kids Services Optical Supplies	
011	Dentists	001 002	Physicians Services Dental Services	
012	Optometrists	001 003 045	Physicians Services Optometric Services Optical Supplies	
013	Podiatrists	004	Podiatry Services	
014	Chiropractors	005	Chiropractic Services	
016	Nurse Practitioner	030 057	Healthy Kids Services Nurse Practitioner Services	
020	Registered Nurses	017 018 030	Anesthesia Services Midwife Services Healthy Kids Services	
022	Physical Therapists	011	Physical Therapy Services	
023	Occupational Therapists	012	Occupational Therapy Services	
024	Speech Therapists	013	Speech Therapy/Pathology Services	
025	Audiologists	014 041 048	Audiology Services Medical Equipment/Prosthetic Devices Medical Supplies	

PROVIDER TYPE/CATEGORY OF SERVICE TABLE

PROVIDER TYPE

ALLOWABLE CATEGORY OF SERVICE

O30 General Hospitals001 Physicians Services O12 Occupational Therapy Services O13 Speech Therapy/Pathology Services	
013 Speech Therapy/Pathology Services	
1 17 07	
014 Audiology Services	
017 Anesthesia Services	
020 Inpatient Hospital Services (General)	
021 Inpatient Hospital Services (Psychiatric)	
022 Inpatient Hospital Services (Physical Rehabilit	ation)
024 Outpatient Services (General)	<i>a.</i> ,
025 Outpatient Services (ESRD)	
026 General Clinic Services	
027 Psychiatric Clinic Services (Type 'A')	
028 Psychiatric Clinic Services (Type 'B')	
029 Clinic Services (Physical Rehabilitation)	
030 Healthy Kids Services	
035 Alcohol and Substance Abuse Rehab. Service	·S
037 Skilled Care - Hospital Residing	J
038 Exceptional Care - Hospital Residing	
039 DD/MI Non-Acute Care - Hospital Residing	
040 Pharmacy Services (Drug and OTC)	
041 Medical Equipment/Prosthetic Devices	
045 Optical Supplies	
048 Medical Supplies	
050 Emergency Ambulance Transportation	
051 Non-Emergency Ambulance Transportation	
052 Medicar Transportation	
054 Service Car	
069 Subacute Care	
098 MPE Certification	
031 Psychiatric Hospitals 001 Physicians Services	
012 Occupational Therapy Services	
013 Speech Therapy/Pathology Services	
014 Audiology Services	
017 Anesthesia Services	
021 Inpatient Hospital Services (Psychiatric)	
024 Outpatient Services (General)	
026 General Clinic Services	
027 Psychiatric Clinic Services (Type 'A')	
028 Psychiatric Clinic Services (Type 'B')	
035 Alcohol and Substance Abuse Rehab. Service	S
037 Skilled Care - Hospital Residing	
038 Exceptional Care - Hospital Residing	
039 DD/MI Non-Acute Care - Hospital Residing	
040 Pharmacy Services (Drug and OTC)	
041 Medical Equipment/Prosthetic Devices	
045 Optical Services	
048 Medical Supplies	
050 Emergency Ambulance Transportation	
051 Non-Emergency Ambulance Transportation	
·	
052 Medicar Transportation	
052 Medicar Transportation 054 Service Car	

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ATTACHMENT C

PROVIDER TYPE/CATEGORY OF SERVICE TABLE

PROV	IDER TYPE	<u>ALLOWAE</u>	BLE CATEGORY OF SERVICE
032	Rehabilitation Hospitals	001 012 013 014 017 022 024 025 029 037 038 039 040 041 045 048 050 051 052 054 067	Physicians Services Occupational Therapy Services Speech Therapy/Pathology Services Audiology Services Anesthesia Services Inpatient Hospital Services (Physical Rehabilitation) Outpatient Services (General) Outpatient Services (ESRD) Clinic Services (Physical Rehabilitation) Skilled Care - Hospital Residing Exceptional Care - Hospital Residing DD/MI Non-Acute Care - Hospital Residing Pharmacy Services (Drug and OTC) Medical Equipment/Prosthetic Devices Optical Services Medical Supplies Emergency Ambulance Transportation Non-Emergency Ambulance Transportation Medicar Transportation Service Car Maternal & Child Health Application
039	Hospice	060 061 062 063	Home Care General Inpatient Continuous Care Nursing Respite Care
040	Federally Qualified Health Centers (FQHC)	026 030 040	General Clinic Services Healthy Kids Services Pharmacy Services (Drug and OTC)
042	School Based Clinics	026 030	General Clinic Services Healthy Kids Services
043	Encounter Rate Clinics (ERC)	026 030 040	General Clinic Services Healthy Kids Services Pharmacy Services (Drug and OTC)
044	Healthy Kids Clinics	030	Healthy Kids Services
046	Ambulatory Surgical Treatment Center	024	Outpatient Services (General)

PROVIDER TYPE/CATEGORY OF SERVICE TABLE

PROVIDER TYPE		ALLOWABLE CATEGORY OF SERVICE		
047	Local Education Agencies (LEA)	001 002 003 006 010 011 012 013 014 030 052 053 054 055 056 058	Physicians Services Dental Services Optometric Services Physicians Psychiatric Services Nursing Services Physical Therapy Services Occupational Therapy Services Speech Therapy/Pathology Services Audiology Services Healthy Kids Services Medicar Transportation Taxicab Services Service Car Auto Transportation (Private) Other Transportation Social Work Psychologist	
048	Rural Health Clinics	026 030	General Clinic Services Healthy KIDS Services	
050	Home Health Agencies	010 011 012 013 016	Nursing Services Physical Therapy Services Occupational Therapy Services Speech Therapy/Pathology Services Home Health Aids	
052	County Health Departments	001 010 011 012 013 016 017	Physicians Services Nursing Services Physical Therapy Services Occupational Therapy Services Speech Therapy/Pathology Services Home Health Aids Anesthesia Services Healthy Kids Services	
054	Certified Hospital Organized Satellite Clinics (CHOSC)	001 012 013 014 017 030 040 041	Physicians Services Occupational Therapy Services Speech Therapy/Pathology Services Audiology Services Anesthesia Services Healthy Kids Services Pharmacy Services (Drug and OTC) Medical Equipment/Prosthetic Devices Medical Supplies	
055	Early Intervention	007 031 068	Development Therapy, Orientation and Mobility Services Early Intervention Services Targeted Care Management Services	

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PROVIDER TYPE		ALLOWABLE CATEGORY OF SERVICE		
056	School Based Clinics	001 030	Physicians Services Healthy Kids Services	
060	Pharmacies	040 041 048	Pharmacy Services (Drugs and OTC) Medical Equipment/Prosthetic Devices Medical Supplies	
061	Independent Laboratories	043	Clinical Laboratory Services	
062	Opticians/Optical Companies	045	Optical Supplies	
063	Other Providers of Medical Equipment/Supplies (Non-Registered)	041 048	Medical Equipment/Prosthetic Devices Medical Supplies	
064	Imaging Centers	001 044	Physician=s Services Portable X-Ray Services	
070	Ambulance Service Providers	050 051 052 054 056	Emergency Ambulance Transportation Non-Emergency Ambulance Transportation Medicar Transportation Service Car Other Transportation	
071	Medicar Providers	052 054	Medicar Transportation Service Car	
072	Taxicab and Livery Companies	053 054	Taxicab Service Service Car	
073	Other Transportation Providers (Non-Registered)	055 056	Auto Transportation (Private) Other Transportation	
074	Hospital-Based Transportation Providers	050 051 052 053 054	Emergency Ambulance Transportation Non-Emergency Ambulance Transportation Medicar Transportation Taxicab Services Service Car	
075	Alcohol & Substance Abuse Provider	035	Alcohol & Substance Abuse Rehab. Services	
080	Health Maintenance Organization	030 081	Healthy Kids Services HMO Services	
081	Case Management	090	Case Management	
083	Prepaid Health Plans	081	HMO Services	
086*	Clinical Social Worker	058	Social Worker	
087*	Psychologist	059	Psychologist	
088*	Other Behavioral Health Providers	064	Other Behavioral Health	

^{*} These provider types are enrolled with the Department for the purpose of collecting Medicaid Managed Care encounter data. The Department does not currently reimburse these provider types for services rendered to Medicaid participants.

SPECIALTY CODES FOR PHYSICIANS (For Use In Completion Of Enrollment Application)

(For ose in completion of Enrollment Application)					
ADL	ADOLESCENT MEDICINE	PTH	PATHOLOGY		
ΑI	ALLERGY AND IMMUNOLOGY	CLP			
AM	AEROSPACE MEDICINE	CMP	PATHOLOGY CHEMICAL		
A	ALLERGY	FOP			
AN	ANESTHESIOLOGY	PD	PEDIATRICS		
BLB		PDA	PEDIATRICS PEDIATRIC ALLERGY		
	BLOODBANKING				
BE	BRONCHO-ESOPHAGOLOGY	PDP			
C	CARDIOLOGY	PDC	PEDIATRIC CARDIOLOGY		
CD	CARDIOVASCULAR DISEASES	PDE			
D	DERMATOLOGY	PHO	PEDIATRIC HEMATOLOGY-ONCOLOGY		
DMP	DERMATOPATHOLOGY	PNP	PEDIATRIC NEPHROLOGY		
DIA	DIABETES	PA	PHARMACOLOGY, CLINICAL		
DLI	IMMUNOLOGY, DIAGNOSTIC LABORATORY	PM	PHYSICAL MEDICINE & REHABILITATION		
EM	EMERGENCY MEDICINE	Р	PSYCHIATRY		
END	ENDOCRINOLOGY	CHP	PSYCHIATRY, CHILD		
FP	FAMILY PRACTICE	PYA	PSYCHOANALYSIS		
GE	GASTROENTEROLOGY	PYM	PSYCHOSOMATIC MEDICINE		
GP	GENERAL PRACTICE	PH	PUBLIC HEALTH		
GPM	GENERAL PREVENTIVE MEDICINE	PUD	PULMONARY DISEASES		
GER	GERIATRICS	RO	RADIATION ONCOLOGY		
GYN	GYNECOLOGY	R	RADIOLOGY		
HEM	HEMATOLOGY	DR	RADIOLOGY, DIAGNOSTIC		
HYP	HYPNOSIS	PDR	RADIOLOGY, PEDIATRIC		
IG	IMMUNOLOGY	TR			
			RADIOLOGY, THERAPEUTIC		
ID	INFECTIOUS DISEASES	REN	REPRODUCTIVE ENDOCRINOLOGY		
IM	INTERNAL MEDICINE	RHU			
LAR	LARYNGOLOGY	RHI			
LM	LEGAL, MEDICINE	RIP	RADIOSOTOPIC PATHOLOGY		
MFS	MAXILLOFACIAL SURGERY	ABS	SURGERY, ABDOMINAL		
MM	MEDICAL MICROBIOLOGY	CDS	SURGERY, COLON & RECTAL		
ND	NEOPLASTIC DISEASES	GS	SURGERY, GENERAL		
NEP	NEPHROLOGY	FPS	SURGERY, FACIAL PLASTIC		
N	NEUROLOGY	CVS	SURGERY, CARDIOVASCULAR		
NN	NEONATOLOGY	HS	SURGERY, HAND		
NPM	NEONATAL-PERINATAL MEDICINE	HNS	SURGERY, HEAD AND NECK		
CHN	NEUROLOGY, CHILD	NS	SURGERY, NEUROLOGICAL		
NA	NEUROPATHOLOGY	ORS	SURGERY, ORTHOPEDIC		
NM	NUCLEAR MEDICINE	PDS	SURGERY, PEDIATRIC		
NR	NUCLEAR RADIOLOGY	PS	SURGERY, PLASTIC		
NTR	NUTRITION	TS	SURGERY, THORACIC		
MFM	MATERNAL & FETAL MEDICINE	TRS	SURGERY, TRAUMATIC		
OBS	OBSTETRICS	U	SURGERY, UROLOGICAL		
OBG	OBSTETRICS AND GYNECOLOGY	VS	SURGERY, VASCULAR		
OLO	OTOLARYNGOLOGY	UR	UROLOGY		
OM	OCCUPATIONAL MEDICINE	OIX	01.02001		
ON	ONCOLOGY	HUSDIT	AL DELIVERY PRIVILEGES		
OPH	OPHTHALMOLOGY	HOSFIL	AL DELIVERT I MIVILEGEO		
OFF	OTOLOGY	DPX	DELIVERY PRIVILEGES		
OTO	OTOLOGY OTORHINOLARYNGOLOGY	DPA	REFERRING PHYSICIANS		
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OSU	ORAL SURGERY				

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SPECIALTY CODES FOR DENTISTS

(For Use In Completion Of Enrollment Application)

ENS	ENDODONTICS	OSU	ORAL SURGERY
PER	PERIODONTISTS	ORT	ORTHODONTIST
PRO	PROSTHODONTIST	ORP	ORAL PATHOLOGY
PED	PEDODONTICS	MFS	MAXILLOFACIAL SURGERY

GD GENERAL DENTISTRY
GDA GENERAL DENTISTRY ANESTHESIA

SPECIALTY CODES FOR OPTOMETRISTS

DPA DIAGNOSTIC PHARMACEUTICAL AGENTS

TPA THERAPEUTIC PHARMACEUTICAL AGENTS

HOSPITAL PRIVILEGE CODES

CERTIFIED IN FAMILY PRACTICE BY THE MEDICAL SPECIALTY BOARD RECOGNIZED **DPF** BY THE AMERICAN BOARD OF MEDICAL SPECIALTIES. DPP CERTIFIED IN PEDIATRICS BY THE MEDICAL SPECIALTY BOARD RECOGNIZED BY THE AMERICAN BOARD OF MEDICAL SPECIALTIES. FQH EMPLOYED BY OR AFFILIATED WITH A FEDERALLY QUALIFIED HEALTH CENTER (FQHC). DAP HAVE ADMITTING PRIVILEGES AT A HOSPITAL. NHS MEMBER OF THE NATIONAL HEALTH SERVICE CORPS. HAVE CURRENT, FORMAL CONSULTATION AND REFERRAL ARRANGEMENTS WITH A PEDIATRICIAN OR DPS FAMILY PRACTITIONER FOR THE PURPOSES OF SPECIALIZED TREATMENT AND ADMISSION TO A HOSPITAL.